



STATE OF CONNECTICUT  
Department of Public Health  
Information Technology Section  
Tele: (860) 509-7186

TO: Data Request Customer

FROM: Lynn M. Carbonneau, Administrative Assistant  
Information Technology Section

RE: Health Care Professional Requests – CD-ROM or Email

This correspondence is intended to provide information to persons and/or organizations requesting in **Electronic data (CD-ROM or Email)** information from the Department of Public Health (DPH) Health Care Licensing database. Completing the attached form(s) will help you understand what is available and likewise, document to us precisely what you are requesting.

**Guidelines are as follows:**

- We require **PREPAYMENT** for all orders. Your order will not be started until payment is received.
- We will provide the chosen data elements for all the data in electronic form for each selected profession based on the file layout listed on page 5.
- The practitioners on file are referred to as licensed **ACTIVE** for the reason that they are entitled to hold a valid Connecticut license, regardless if they are practicing, not practicing, or retired. *To receive both Active and Inactive licensees, please make your request know in the space provided at the bottom of page 4.*
- Our files currently DO NOT include any employment data or group practice affiliation.
- Some of the data elements may be incomplete and/or unverified in our files because of the type of information we receive from the professional completing their applications. For example, the address given may be their home or business.
- Routine requests may take up to 4 to 6 weeks to process from the date your request is opened and payment is verified for accuracy. If you need overnight shipping as opposed to regular mail, please include your Federal Express billing number on the questionnaire (these charges to be billed directly to you).
- The CD-ROM will contain the "raw" data with a Readme.txt file with details on the file layout and export options.
- For email requests, files will be sent as a "WinZip" file.

**DISCLAIMER:** Upon receiving your request, we ask you to inspect the data as soon as possible. We will not be responsible for any errors/damages after a 2-month period. It will be at the discretion of our Department whether to replace any data in this time period.

**Procedures:**

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
- When filling in the 'requestor information', complete ALL lines whether you pick-up your CD or are having the data emailed to you.
- We do not accept payment by credit card.

• **NOTE:** when writing your check, it must reflect the correct amount and be made payable exclusively to: "Treasurer, State of Connecticut". **OTHERWISE, CHECKS THAT ARE NOT MADE PAYABLE AS INDICATED OR IN THE WRONG AMOUNT, WILL BE RETURNED AND YOUR REQUEST WILL BE DELAYED UNTIL A CORRECT CHECK IS RECEIVED.**

- Upon completion of the forms, please send pages 2 to 4 (keep pages 5 & 6 for future reference) and your check to:  
Lynn Carbonneau, Administrative Assistant  
Information Technology Section  
Department of Public Health  
410 Capitol Avenue, MS# 13DPR  
Hartford, Connecticut 06134

If you have questions do not hesitate to contact Lynn at (860) 509-7186.

<b>For I.T. Office Use Only:</b>	<b>DATE D.R. E-MAILED:</b>	<b>DATE D.R. SENT OR PICKUP:</b>
		<b>NAME (pick-up):</b>
Physicians, Homeopaths & Dentists	LRData, Cert, EmpOff, School, Spec, Train	File Suffix:
All Other Professions	LRData, Cert, EmpOff, School, Train	File Suffix:
Date/Amt. Received	Processed	Created

**FOR CD-ROM/E-MAIL**

**State of Connecticut  
DPH Information Technology Section  
Electronic (CD-ROM or E-mail) Data Request Form**

(1) Requestor Information (Complete ALL fields): Date of Request \_\_\_\_\_  
**(PLEASE PRINT OR TYPE LEGIBLY)**  
 Contact Person: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-mail\* : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you wish to pick-up the request when completed? ☐ Yes ☐ No. If Yes, please provide us with a phone number.  
 Do you wish to have the files emailed\* when completed? ☐ Yes ☐ No. If Yes, please provide your email address above.  
**NOTE: Your request will only be sent express mail if you provide us with a billing/account number.**  
 Do you wish to have your request sent to you via Federal Express Overnight Express? ☐ Yes / ☐ No (Billing #: \_\_\_\_\_)  
 If answered Yes, please provide us with an address label with your address as recipient with your billing number on the label.  
 By answering No, please understand that **normal shipping** will be used to process your request. **Please allow at least 4 to 6 weeks for delivery.**

(2) Media type (Check only one): (For electronic medium: MAC or APPLE media are not available).  
 A.) CD-ROM ☐ B.) EMAIL ☐ (Be sure your email address is filled in above)  
**(The fee for either a CD or E-mail is given on Page 4.)**

(3) Professions (Check ALL that apply):		APPROXIMATE TOTALS		TOTAL LICENSED
	LICENSE TYPE CODES and DEFINITIONS	IN STATE	OUT OF STATE	AS OF 01/30/2008
<input type="checkbox"/>	ALL Professions	154,642	30,860	185,502
<input type="checkbox"/>	43 ACUPUNCTURIST	185	133	318
<input type="checkbox"/>	12 ADVANCED PRAC. REG. NURSE	2,464	430	2,894
<input type="checkbox"/>	91 ASBESTOS ABATEMENT SUPERVISOR	697	455	1,152
<input type="checkbox"/>	90 ASBESTOS ABATEMENT WORKER	748	1,144	2,159
<input type="checkbox"/>	40 ASBESTOS CONSULT.-INSP. MGMT PLNR	78	32	110
<input type="checkbox"/>	39 ASBESTOS CONSULT.-INSPECTOR	176	64	240
<input type="checkbox"/>	41 ASBESTOS CONSULT.-PROJ. DESIGNER	77	39	116
<input type="checkbox"/>	42 ASBESTOS CONSULT.-PROJ.MONITOR	165	55	220
<input type="checkbox"/>	53 ASBESTOS CONTRACTOR	105	127	232
<input type="checkbox"/>	54 ATHLETIC TRAINERS	200	42	242
<input type="checkbox"/>	17 AUDIOLOGIST	452	30	482
<input type="checkbox"/>	25 BARBERS	1,499	159	1,658
<input type="checkbox"/>	45 CERT ALCOHOL / DRUG COUNSELOR	280	21	301
<input type="checkbox"/>	07 CHIROPRACTOR	836	170	1,006
<input type="checkbox"/>	22 GEN ANES/CONS SEDAT PERMITTEE	129	3	132
<input type="checkbox"/>	21 CONSCIOUS SEDATION PERMITTEE	14	0	14
<input type="checkbox"/>	13 DENTAL HYGENIST	2,722	685	3,407
<input type="checkbox"/>	02 DENTIST	2,717	435	3,152
<input type="checkbox"/>	59 DIETITIAN / NUTRITIONIST	581	41	622
<input type="checkbox"/>	15 ELECTROLOGISTS	159	20	179
<input type="checkbox"/>	30 EMBALMER	728	126	854
<input type="checkbox"/>	73 EMERGENCY MED SRVCS - INSTRUCTOR	404	9	413
<input type="checkbox"/>	70 EMERGENCY MEDICAL TECHNICIAN	9,983	522	10,505
<input type="checkbox"/>	71 EMERGENCY MEDICAL TECHNICIAN -INTER	789	21	810

<input type="checkbox"/>	31	FUNERAL DIRECTOR	63	3	66
<input type="checkbox"/>	56	FUNERAL HOMES	299	1	300
<input type="checkbox"/>	20	HAIRDRESSER /COSMETICIAN	21,572	2,559	24,131
<input type="checkbox"/>	37	HEARING INSTRUMENT SPECIALIST	111	9	120
<input type="checkbox"/>	09	HOMEOPATHIC PHYSICIAN	12	1	13
<input type="checkbox"/>	52	LEAD ABATEMENT/CONSULT. CONTRACTOR	28	4	32
<input type="checkbox"/>	50	LEAD ABATEMENT CONTRACTOR	63	34	97
<input type="checkbox"/>	64	LEAD ABATEMENT SUPERVISOR	108	18	126
<input type="checkbox"/>	65	LEAD ABATEMENT WORKER	121	14	135
<input type="checkbox"/>	51	LEAD CONSULTANT CONTRACTOR	29	8	37
<input type="checkbox"/>	68	LEAD INSPECTOR	40	5	45
<input type="checkbox"/>	67	LEAD INSPECTOR RISK ASSESSOR	87	19	106
<input type="checkbox"/>	66	LEAD PLANNER/PROJECT DESIGNER	46	2	48
<input type="checkbox"/>	44	LICENSED ALCOHOL / DRUG COUNSELOR	598	57	655
<input type="checkbox"/>	16	LICENSED NURSE MIDWIFE	177	38	215
<input type="checkbox"/>	11	LICENSED PRACTICAL NURSE	10,394	1,761	12,155
<input type="checkbox"/>	27	MARRIAGE / FAMILY THERAPIST	812	79	891
<input type="checkbox"/>	29	MASSAGE THERAPISTS	3,469	423	3,892
<input type="checkbox"/>	69	MEDICAL RESPONSE TECHNICIAN	5,800	90	5,890
<input type="checkbox"/>	61	MIDWIFE	1	0	1
<input type="checkbox"/>	05	NATUROPATHIC PHYSICIAN	164	59	223
<input type="checkbox"/>	36	NURSING HOME ADMINISTRATOR	691	167	858
<input type="checkbox"/>	48	OCCUPATIONAL THERAPIST	1,524	265	1,789
<input type="checkbox"/>	49	OCCUPATIONAL THERAPIST ASSISTANT	487	69	556
<input type="checkbox"/>	57	OPTICAL SHOP	237	0	237
<input type="checkbox"/>	38	OPTICIAN	592	86	678
<input type="checkbox"/>	03	OPTOMETRIST	476	175	651
<input type="checkbox"/>	72	PARAMEDIC	1,668	208	1,876
<input type="checkbox"/>	14	PHYSICAL THERAPIST	3,268	915	4,183
<input type="checkbox"/>	63	PHYSICAL THERAPIST ASST	396	96	492
<input type="checkbox"/>	23	PHYSICIAN ASSISTANT	1,234	297	1,531
<input type="checkbox"/>	01	PHYSICIANS & SURGEONS/OSTEOPATHS	11,761	4,076	15,837
<input type="checkbox"/>	19	PODIATRIST	255	48	303
<input type="checkbox"/>	46	PROFESSIONAL COUNSELOR	1,351	124	1,475
<input type="checkbox"/>	08	PSYCHOLOGIST	1,497	212	1,709
<input type="checkbox"/>	28	RADIOGRAPHY TECHNICIAN	3,359	465	3,824
<input type="checkbox"/>	10	REGISTERED NURSE	41,969	11,074	53,043
<input type="checkbox"/>	35	REGISTERED SANITARIAN	378	50	428
<input type="checkbox"/>	26	RESPIRATORY CARE THERAPIST	1,365	270	1,635
<input type="checkbox"/>	95	RETIRED ADVANCED PRACTICE NURSE	12	8	20
<input type="checkbox"/>	94	RETIRED LICENSE PRACTICAL NURSE	229	86	315
<input type="checkbox"/>	93	RETIRED REGISTERED NURSE	1,823	705	2,528
<input type="checkbox"/>	58	SOCIAL WORKER	4,368	506	4,874
<input type="checkbox"/>	18	SPEECH PATHOLOGIST	1,909	327	2,236
<input type="checkbox"/>	32	SUB-SURFACE SEWER CLEANER	210	38	248
<input type="checkbox"/>	33	SUB-SURFACE SEWER INSTALLER	2,442	108	2,550
<input type="checkbox"/>	47	VETERINARIANS	923	262	1,185

Lic. Types 93, 94, 95 can work on a volunteer basis but need a regular license to receive any salary.

\*\*"IN-STATE" column refers to those who gave us a Connecticut address.

\*\*\*"IN & OUT OF STATE" column refers to all those who are licensed in Connecticut regardless of the address given.

**PLEASE NOTE ON THE RN FILE: - DUE TO FREQUENT ADDRESS CHANGES,  
10% OF THOSE LISTED MAY HAVE INVALID ADDRESSES**

**IMPORTANT:** BEFORE YOU SUBMIT YOUR REQUEST FOR A CD OR E-MAIL, PLEASE CHOOSE ONE OF EACH OPTION DESCRIBED IN ITEMS 4, 5 AND 6.

(4) Sort order (Check only **one**): [NOT VALID WITH ACCESS DATABASE]

**Any sort choice other than what is listed below CANNOT BE ACCOMMODATED.** Such as a sort by specialty, CT counties, or data field names.

Alphabetically by Surname then First Name ☐

Zip code then Surname then First Name ☐

City/Town then Surname then First Name ☐

(5) Address Location (Check only **one**): **NOTE** if a selection is not chosen, then the option will default to 'All Licensees'.

All licensees (regardless of address on file) ☐ [These licensees reside either in Conn. or outside of Conn.]

Only Licensees with Connecticut Addresses ☐

(6) File Format (**Applies to a CD-ROM and E-mail**). (Check only **one**): **NOTE:** if a selection is not chosen, then your request will be returned for completion. This action will delay you receiving your request in the time specified.

ASCII Text Fixed Width (Undelimited) ☐

Example:

007	000031	BREWSTER	JEANETTE	126 HOWE AVE		SHELTON	CT	06484
02/08/1926		DC	01/12/1998	04/26/1948	02/28/1999	01	00	

ASCII Text Field Delimited ☐

Example:

"007","000031","BREWSTER","JEANETTE","126 HOWE AVE","SHELTON","CT","06484",  
"02/08/1926","DC","01/12/1998","04/26/1948","02/28/1999","01","00"

Microsoft Access 2000 Database ☐ [SORT ORDER NOT VALID WITH ACCESS DATABASE]

(7) FEE: For either CD-ROM or E-MAIL

(The price includes your choices of a sort order, an address location, and a file format)

**NOTE:** New price effective February 1, 2009

☐ \$40.00 - CD or file (e-mail). This fee is for one or many health professionals on one CD or in one file. Each additional CD or file is \$10.00.

### PRICES SUBJECT TO CHANGE WITHOUT NOTICE

PLEASE USE THE SPACE PROVIDED BELOW FOR LISTING SPECIFIED CT TOWNS (the official 169 state town names), CT COUNTIES, OR MEDICAL SPECIALTIES\*, ZIP CODES WILL NOT BE ACCEPTED. ALSO USE THIS SPACE FOR ADDITIONAL COMMENTS:

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\*Specialties refers to Physicians and Surgeons (Code 001), Dentists (Code 002) & Homeopathic Physicians (Code 009) only.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS.**

**File Layout and Descriptions  
(Applicable to electronic format ONLY)**

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type (Code)	1	3	A	To define different professions, i.e., Physicians are coded "001" and Marriage and Family Therapists are coded "027"
License Number	4	6	A	License number assigned by DPH
Surname or Shop Name	10	100	A	The Shop Name is for license types: Asbestos Contractors (053), Funeral Homes (056) and Optical Shops (057). First Name and Middle Initial are not valid for the noted License Types. All other License Types this is the Surname.
First Name	110	50	A	First Name of Licensee
Middle Initial	160	1	A	Middle Initial of Licensee
Address Line 1 <sup>2</sup>	161	50	A	1st Line of Address of Licensee
Address Line 2 <sup>2</sup>	211	50	A	2nd Line of Address of Licensee
Address Line 3 <sup>2</sup>	261	50	A	3rd Line of Address of Licensee
City <sup>2</sup>	311	20	A	City of Licensee
State <sup>2</sup>	331	2	A	State of Licensee
Zip Code <sup>2</sup>	333	10	A	Zip Code of Licensee
Country <sup>2</sup>	343	20	A	Country of Licensee
Professional Title	363	4	A	Education Title. i.e., M.D., D.D.S., Ph.D., etc.
Renewal Date <sup>3</sup>	367	10	A	Date license was last renewed (one year from date granted)
Grant Date <sup>3</sup>	377	10	A	Date when license was granted (may also be a reinstatement date)
Reinstate Date <sup>3</sup>	387	10	A	If license was suspended or lapsed for some reason, the date it was reinstated
Expiration Date <sup>3</sup>	397	10	A	Date the license expires
Status Code	407	2	A	The Licensee's Status

<sup>2</sup> The address fields reflect the information the licensee submits on their application form. This may be either their home or office address.

<sup>3</sup> The date fields are formatted as "MM/DD/YYYY". Where YYYY is Year Century, MM is Month and DD is day. For example, 02/04/1994 is February 4, 1994.

**Specialty Code Table – Physicians and Surgeons/Osteopaths (1), Dentists (2), and Homeopathic Physicians (9).**

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions.
License Number	4	6	A	License number assigned by DPH
Specialty Code	10	3	A	The Specialty Code from the Last Page.
Sub-Specialty Code	13	3	A	Codes Provided in Readme.txt File.

**Certification Code Table**

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions.
License Number	4	6	A	License number assigned by DPH
Certification Code	10	6	A	Codes Provided in Readme.txt File.
Certification Date	16	10	A	Date Certified or Certification Expires only if required.

**School Table - For Physicians and Surgeons Only (Continuation of the file layout on the previous page)**

Field Name	Starting Position	Length of Field	Field Type (Alpha/Numeric)	Description
License Type(Code)	1	3	A	Defines the Professions
License Number	4	6	A	License number assigned by DPH
School Attended	10	80	A	School the Physician Graduated from
Date of Graduation	90	4	A	Date Graduated from the school

### MEDICAL TRAINING (SPECIALTIES) CODES

Certain professions may have graduated in training in a specialty. Listed below are the professions, profession codes, and the specialties. Note that these codes are self reported by each professional but are not mandatory.

(When selecting specified specialties on CD or E-mail, please list your choices in the space provided on Page 4).

#### Physicians/Surgeons and Homeopath Specialties

Physician	Homeopath	Descriptions
26	62	Aerospace Medicine
1	37	Allergy and Immunology
69	66	Anatomic Pathology
2	38	Anesthesiology
86	87	Bariatric Medicine
74	73	Cancel Epidemiology
81	80	Clinical Pathology
3	39	Colon and Rectal Surgery
4	40	Dermatology
5	41	Emergency Medicine
6	42	Family Practice
23	59	General Surgery
88	89	Homeopathic Medicine
82	83	Insurance Medicine
7	43	Internal Medicine
77	63	Legal Medicine
8	44	Medical Genetics
9	45	Neurological Surgery
36	64	Neurology
10	46	Neurology/Child Neurology
75	76	Neurosurgery
11	47	Nuclear Medicine
12	48	Obstetrics and Gynecology
68	65	Occupational Medicine
13	49	Ophthalmology
71	72	Oral & Maxillofacial Surgery
14	50	Orthopedic Surgery
15	51	Otolaryngology
35	78	Palliative Care
16	52	Pathology
17	53	Pediatrics
18	54	Physical Medicine and Rehabilitation
19	55	Plastic Surgery
20	56	Preventive Medicine
21	57	Psychiatry
22	58	Radiology
24	60	Thoracic Surgery
999	999	Unknown
25	61	Urology

#### Dentist Specialties

33	Endodontics
34	General Practice
32	Oral Pathology
27	Oral Surgery
28	Orthodontics
29	Pedodontics (Pediatric Dentistry)
30	Periodontics
31	Prostodontia
999	Unknown